

SILVER SPRING HEALTH & REHAB CTR

1300 W SILVER SPRING DR

MILWAUKEE 53209

Phone:(414) 228-8120

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 101

Total Licensed Bed Capacity (12/31/04): 127

Number of Residents on 12/31/04: 88

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 87

Corporation

Skilled

No

Yes

Yes

87

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		38.6
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		37.5
Supp. Home Care-Household Services	No	Developmental Disabilities	2.3	Under 65	22.7	More Than 4 Years		23.9
Day Services	No	Mental Illness (Org./Psy)	8.0	65 - 74	9.1			-----
Respite Care	Yes	Mental Illness (Other)	2.3	75 - 84	34.1			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.1	85 - 94	31.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	2.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.4		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	5.7		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	10.2	65 & Over	77.3	-----		
Transportation	No	Cerebrovascular	11.4		-----	RNs		7.0
Referral Service	Yes	Diabetes	3.4	Gender	%	LPNs		8.1
Other Services	Yes	Respiratory	11.4		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	40.9	Male	35.2	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	64.8			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	8	14.3	134	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	8	9.1	
Skilled Care	11	100.0	374	46	82.1	116	0	0.0	0	4	100.0	190	12	100.0	116	5	100.0	250	78	88.6	
Intermediate	---	---	---	2	3.6	98	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.3	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	11	100.0		56	100.0		0	0.0		4	100.0		12	100.0		5	100.0		88	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	3.9	Bathing	3.4	30.7	65.9	88
Private Home/With Home Health	0.0	Dressing	4.5	81.8	13.6	88
Other Nursing Homes	7.9	Transferring	9.1	73.9	17.0	88
Acute Care Hospitals	87.6	Toilet Use	9.1	68.2	22.7	88
Psych. Hosp.-MR/DD Facilities	0.0	Eating	53.4	20.5	26.1	88
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.6					
Total Number of Admissions	178	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	6.8	Receiving Respiratory Care	5.7	
Private Home/No Home Health	17.7	Occ/Freq. Incontinent of Bladder	65.9	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	2.9	Occ/Freq. Incontinent of Bowel	55.7	Receiving Suctioning	0.0	
Other Nursing Homes	1.7			Receiving Ostomy Care	6.8	
Acute Care Hospitals	56.0	Mobility		Receiving Tube Feeding	6.8	
Psych. Hosp.-MR/DD Facilities	0.6	Physically Restrained	2.3	Receiving Mechanically Altered Diets	38.6	
Rehabilitation Hospitals	0.0			Other Resident Characteristics		
Other Locations	9.1	Skin Care		Have Advance Directives	100.0	
Deaths	12.0	With Pressure Sores	1.1	Medications		
Total Number of Discharges		With Rashes	6.8	Receiving Psychoactive Drugs	54.5	
(Including Deaths)	175					

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	67.8	86.4	0.78	86.5	0.78	87.3	0.78	88.8	0.76
Current Residents from In-County	95.5	85.0	1.12	87.0	1.10	85.8	1.11	77.4	1.23
Admissions from In-County, Still Residing	19.1	18.1	1.06	18.9	1.01	20.1	0.95	19.4	0.98
Admissions/Average Daily Census	204.6	199.9	1.02	188.2	1.09	173.5	1.18	146.5	1.40
Discharges/Average Daily Census	201.1	201.1	1.00	190.4	1.06	174.4	1.15	148.0	1.36
Discharges To Private Residence/Average Daily Census	41.4	83.1	0.50	77.5	0.53	70.3	0.59	66.9	0.62
Residents Receiving Skilled Care	97.7	95.8	1.02	95.9	1.02	95.8	1.02	89.9	1.09
Residents Aged 65 and Older	77.3	84.4	0.92	90.5	0.85	90.7	0.85	87.9	0.88
Title 19 (Medicaid) Funded Residents	63.6	61.2	1.04	56.3	1.13	56.7	1.12	66.1	0.96
Private Pay Funded Residents	4.5	13.7	0.33	22.2	0.20	23.3	0.20	20.6	0.22
Developmentally Disabled Residents	2.3	1.2	1.92	1.1	2.05	0.9	2.61	6.0	0.38
Mentally Ill Residents	10.2	30.0	0.34	29.0	0.35	32.5	0.31	33.6	0.30
General Medical Service Residents	40.9	23.2	1.77	25.4	1.61	24.0	1.70	21.1	1.94
Impaired ADL (Mean)	56.8	52.9	1.07	52.6	1.08	51.7	1.10	49.4	1.15
Psychological Problems	54.5	51.7	1.06	55.4	0.98	56.2	0.97	57.7	0.95
Nursing Care Required (Mean)	8.2	8.4	0.98	7.7	1.08	7.7	1.07	7.4	1.11